

Coronavirus Disease 2019 (COVID-19)
Frequently Asked Questions (FAQ) for Education Partners
September 10, 2020

This document provides recommendations from the New Hampshire Department of Health and Human Services, Division of Public Health Services. Educational institutions may implement additional measures to meet their school needs. If you need additional support, please do not hesitate to reach out to NH DHHS at 603-271-4496 or 603-271-5300, after regular business hours, and ask to speak to the Public Health Professional on call.

NH DHHS hosts a weekly *Educational Institution Partner Call* every Wednesday. All our educational partners are invited to attend. This includes school nurses, administrators and staff:



- **Every WEDNESDAY 3:30-4:30**
- Zoom link: <https://nh-dhhs.zoom.us/j/98062195081>
- Call-in phone number: (646) 558-8656
 - o Meeting ID: 980 6219 5081
 - o Passcode: 197445



This FAQ document for Educational Institutions can be found under “Schools” on our COVID-19 Website:
<https://www.nh.gov/covid19/resources-guidance/schools.htm>

PLEASE NOTE: This document will be updated frequently and new information will appear in orange text.

GENERAL INFORMATION

Can NH DHHS review our school’s re-opening school plan?

We are unable to review every school plan; however, we included our public health guidance in the [NH Grade K-12 Back School Guidance](#). Guidance from the NH Department of Education Post –Secondary Workgroup can be found [here](#).

CLINICAL INFORMATION

How is the COVID-19 virus spread?

COVID-19 is primarily spread from person-to-person:

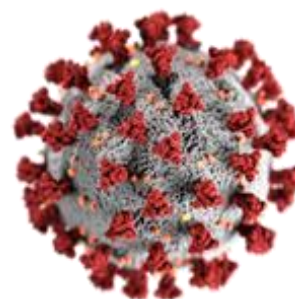
1. Between people who are in close contact with one another (within about 6 feet). Closer contact and longer durations of contact increase the risk of getting COVID-19 from someone who is infected.
2. Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
3. These droplets can land in the eyes, noses, or mouths of people nearby (within 6 feet), or possibly be inhaled into the lungs.

Aerosol-generating procedures (such as those performed in the medical setting) can also spread COVID-19 over further distances. It may also be possible for a person to get COVID-19 by touching a surface or object that has the virus on it (e.g., a surface that is contaminated by an infected person's respiratory secretions) and then touching their own eyes, nose, or mouth. This is not thought to be the main way the virus spreads.

What are the common symptoms of COVID-19?

Symptoms of COVID-19 may include:

- Fever/chills
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny nose or nasal congestion
- Muscle or body aches
- Fatigue
- Headache
- New loss of taste or smell
- Nausea or vomiting, and diarrhea



Older adults and people with certain medical conditions may be at [increased risk for severe illness](#) from COVID-19.

How do the symptoms of COVID-19 overlap with other syndromes?

The table below illustrates some of the **overlap** between the symptoms of COVID-19 and other common illnesses.

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies	Norovirus
Fever or Chills	X		X			X
Cough		X	X	X	X	
Sore Throat	X	X	X		X	
Shortness of Breath or Difficulty Breathing				X		
Fatigue		X	X	X	X	
Nausea or Vomiting	X		X			X
Diarrhea	X		X			X
Congestion or Runny Nose		X	X		X	
Muscle or Body Aches	X	X	X			X
Loss of Taste/Smell						

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

What is the Multisystem Inflammatory Syndrome in Children (MIS-C)?

The Multisystem Inflammatory Syndrome in Children (MIS-C) is a condition that causes inflammation in many parts of the body. Many children with MIS-C have had the virus that causes COVID-19. Symptoms may include:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired

MIS-C can cause serious illness and require hospitalization, but most children recover with medical care. For more information on MIS-C, visit: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>

What should I say to a parent/guardian if they think their child is sick with MIS-C?

MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care. If a child is sick with MIS-C or you hear they are showing symptoms encourage the parent/guardian to contact the child's doctor, nurse, or clinic right away. **Seek emergency care right away** if your child is showing any of these **emergency warning signs of MIS-C** or other concerning signs:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

SCHOOL FACILITY PREVENTION

What can educators and staff do to protect themselves and others from getting sick?

Everyone can protect themselves, and others, by being taught, encouraged and reminded to:

1. Wash hands often with soap and water for at least 20 seconds.
2. Use hand sanitizer that contains at least 60% alcohol when hand washing is not possible.
3. Cover coughs and sneezes with a tissue or inside of elbow then throw the tissue away, and wash hands.
4. Avoid touching one's eyes, nose, mouth, and cloth face covering.
5. Maintain social distance of at least 6 feet from other adults, and from students when feasible.
6. Wear a cloth face covering especially when other social distancing measures are difficult to maintain.
7. Clean and disinfect frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
8. Stay home when sick, or after being in close contact with a person with COVID-19.
9. Limit the use of shared objects (e.g., gym or physical education equipment, art supplies, games) when possible, and clean and disinfect shared objects frequently and after each use.

Find more on prevention here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

What are the physical distancing recommendations for school classrooms?

NH DHHS recommends the following:

1. Maximize physical distance to maintain at least a 6 foot distance whenever possible.

2. Students should NOT be spaced closer than 3 feet to each other when seated in a classroom.
3. If it is necessary to space students within 3-6 feet of others in the classroom setting, schools should look to other mitigation strategies to minimize risk of COVID-19 transmission (e.g., cloth face covering use while seated and conducting classes).

When distancing is less than 6 feet, persons who spent more than ten minutes within 6 feet from a person subsequently diagnosed with COVID-19 will be identified as a “close contact” and need to quarantine following the exposure. This will be required even if people were wearing cloth face coverings (i.e., use of cloth face coverings does not eliminate the need to quarantine following a close contact exposure).

For additional information on physical distancing recommendations, see the NH [Grades K-12 Back-to-School Guidance](#).

Should school visitors and volunteers be allowed?

School visitors and volunteers are discouraged. Further information can be found in the [NH Grades K-12 Back-to-School Guidance](#).

Is it safe for students to participate in extracurricular activities?

The risk of spreading COVID-19 depends on the extracurricular activity, the location, and the ability to maintain social distance or use cloth face coverings. Activities that involve close or physical contact, crowded conditions, forced exhalation/breathing, or increased vocal cord vibration (e.g., singing) may increase the risk of COVID-19 transmission if there is someone present or participating in the activity who is infected with COVID-19. Because of the possible increased risk, some extracurricular activities may require additional precautions, and schools should consider how to conduct extracurricular activities as safely as possible. Guidance has already been developed that can be adapted to extra-curricular activities in the school setting: <https://www.covidguidance.nh.gov/>.

Should schools conduct sports activities?

The State has issued guidance for how to conduct [Amateur & Youth Sports](#), and [Health and Fitness](#) activities, which should be adapted to the school setting. While close and physical contact sports are higher risk for COVID-19 transmission, the current guidance allows all sports to operate in some capacity. All sporting activities, however, should follow the guidance, which specifies that sports activities should be conducted to maintain a minimum of 6 feet of distance whenever possible, and that in circumstances where closer contact may occur, people need to wear cloth face coverings when possible.

It will be difficult for some close/physical contact sports to operate normally during the pandemic, so some sports may need to focus more on socially distanced training and skill building; however, school districts and athletics directors will need to consider how to safely conduct sports and competition activities to minimize risks to the extent possible.

Should student athletes be allowed to use locker rooms?

Yes. Schools should create policies and procedures for safe locker room use. Additional information can be found in the following resources

- [NH Grade K-12 Back-to-School Guidance](#)
- [NH Amateur & Youth Sports Guidance](#)
- [NH Health & Fitness Guidance](#)

Are school kitchen staff able to remove masks while cooking in the kitchen area with 3-6 foot distance between one another?

Kitchen staff should follow school district staff masking policies. We recommended that all staff, including kitchen staff, wear cloth face coverings when in public settings and potentially within 6 feet of others, even in the kitchen setting.

What is best practice for students eating lunch and snacks?

Ideally students eating lunch or snacks will be separated by at least 6 feet. While schools may look for creative ways to distance students 6 feet apart (e.g., separate lunch room, eating outside, etc.) some schools may not be able to accomplish this distance. In those situations, seek other layers of protection, including barriers between students (which should be cleaned and sanitized between use/person). Each school is different, and schools need to work within their facility capacity.

DAILY SCREENING

How should schools perform the daily COVID-19 symptom and risk factor screening for students?

Parents/guardians should be instructed to screen their children for symptoms or risk factors of COVID-19 and take the child's temperature every day before allowing the child to travel to school. A checklist of symptom and risk factor screening questions should be provided to the parents/guardians. NH DHHS also recommends that educational facilities consider implementing a redundant, but simplified, screening process for identifying mildly symptomatic students before they enter their first class.

How should schools perform the daily COVID-19 symptom and risk factor screening for staff and visitors?

Educational facilities should screen staff and visitors for symptoms or risk factors of COVID-19 every day before entry into the school facility. The NH [Grades K-12 Back-to-School Guidance](#) specifies that this screening should occur on educational facility grounds just prior, or upon entry, to the educational facility in order to maintain oversight of the screening process, but there is flexibility in how schools can implement staff screening. Schools should have a process of verifying that a staff member has a normal temperature and does not identify any symptoms or risk factors on a daily basis.

To conduct screenings on site, schools should:

1. Identify a location and assign a person who will screen employees and visitors every day before they enter the facility.
2. The person performing the screening should wear a cloth face covering/mask.
3. All employees and visitors should also wear a cloth face covering while entering the facility and undergoing screening.
4. Any temperature taking should be conducted with a non-touch thermometer.

What questions should the screener ask?

COVID-19 screening should involve asking if the individual has any [symptoms of COVID-19](#), close contact to a person suspected or confirmed to have COVID-19, or travel-related risks. You can find the most up-to-date screening questions [here](#).

Who should be excluded from school?

Anybody who meets any of the following criteria should be excluded:

1. Any **new or unexplained** [symptoms of COVID-19](#); this includes even mild symptoms.
2. Close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days.
3. Reports a travel-related risk factor as identified on the daily screening questions for travel.

How do we know if a symptom is “new or unexplained” and not due to a chronic condition (e.g., allergies)?

Schools should document and verify with parents and healthcare providers before the start of school if a student has any chronic health conditions and the typical symptoms the health condition presents with. This should be performed through any required annual health exam for school enrollment. If a student presents with symptoms during school, and it is unclear (or undocumented in the student's medical record) if the symptoms are chronic, then the student should be

excluded until they have met the return to school criteria, or a healthcare provider can document a chronic/stable condition that accounts for the student's symptoms and that there are not any new or unexplained symptoms of COVID-19.

If a staff member has traveled out of New England to drop off their child at college, can they work at the school if within 14 days of their travel?

The current NH DHHS [Employee Travel Guidance](#) recommends that anyone traveling into NH from areas outside of New England (VT, ME, MA, CT, or RI) need to self-quarantine for 14 days after the last day of their travel outside of New England. If this quarantine requirement is prohibitory to re-opening schools in September due to anticipated significant staff shortages, than critical staff necessary for school functioning can be allowed back under public health guidance if certain conditions are met, and specific precautions are taken as outlined below. Therefore, for the start of school only, NH DHHS suggests that teachers and other critical staff for school operations may be allowed back to work if all the following apply:

1. The person is critical for school re-opening operations.
2. Travel outside of New England was by private transportation.
3. There was no known close contact with someone who was suspected or confirmed to have COVID-19.
4. Travel was of limited duration and the person limited/avoided public settings and crowds, and reliably wore a cloth face covering when in public settings.
5. The person remains asymptomatic.

If a critical staff member is allowed to return to school after travel, the persons must:

1. Continue to maintain quarantine in their communities when outside of school for 14 days after travel.
2. Wear a mask at all time when at the school.
3. Participate in regular daily screenings at the school.

If a staff member or student travels outside of New England for vacation purposes, do they need to self-quarantine for 14 days upon their return to New Hampshire?

Yes. The recommendation from the NH DHHS [General and Employee Travel Guidance](#) is that those who have traveled outside of New England need to [self-quarantine](#) and self-monitor for COVID-19 symptoms for 14 days upon their return to New Hampshire.

If a staff member or student has someone staying at their home who is required to self-quarantine (e.g., due to travel), does the staff member or student also need to quarantine for 14 days?

No. There is no recommendation that people who are close or household contacts of people who are quarantining need to themselves quarantine.

Are doctor notes required for a staff member or student that is unable to wear mask or refuse to wear a mask?

The CDC has guidance on the [use of cloth face coverings](#), including who should NOT wear a cloth face covering. Schools/SAUs should develop policies on cloth face covering use and decide whether a healthcare provider note is required to exempt a student or staff member from cloth face covering use. Most students and staff should be able to tolerate cloth face covering use. Schools/SAUs should also develop and communicate policies about how students or staff members who are able to wear cloth face coverings but refuse to do so will be managed if in conflict with school/SAU cloth face covering policy.

TESTING

Where can a staff member or student go to be tested for COVID-19?

Multiple testing options for COVID-19 exist around the State. If a person is having symptoms of COVID-19, we recommend they first reach out to their primary care provider to seek testing as rapid point-of-care options may exist through primary care. If a person is unable to access COVID-19 testing through their primary care provider, or if the person does not have a primary care provider, there are multiple other testing options available and a testing location can be identified through the [NH COVID-19 website](#). Multiple options also offer testing for people who are asymptomatic and want to know if they might be asymptotically infected.

When should a staff member or student get tested for COVID-19?

Testing is recommended for anybody with new or unexplained symptoms of COVID-19 (even if only mild symptoms), and for anybody who is an identified close contact of another person diagnosed with COVID-19. Someone with symptoms should be tested as soon as possible after onset of symptoms.

Can a staff member or student who is quarantining for 14 days due to exposure to COVID-19 or because of a travel related risk factor get a COVID-19 test and, if negative, return to school sooner?

No. A negative test does not change the need for a person to quarantine for 14 days following an exposure to COVID-19 or travel related risk. Testing is recommended for people who are close contacts of someone diagnosed with COVID-19 so that new infections can be identified early in order for public health contact tracing to help prevent further spread.

If a staff member or student is sent home sick, do we have to notify the entire school community?

No, you do not need to notify the entire school community of ill individuals who have not been confirmed to have COVID-19. Schools, however, know their community best and may choose to communicate when they feel it is most appropriate. It may be appropriate to confront rumors or misinformation, even when there is not a confirmed case. NH DHHS can support schools in any communications and messaging about situations that may arise.

Is COVID-19 testing able to be conducted at our school facility?

Point-of-care COVID-19 testing (e.g., antigen testing) can only be conducted at the school if you have a CLIA waiver. There may also be creative ways to collaborate with local health care providers to meet the testing needs of your school community. We encourage schools to work through their local healthcare system and providers to identify resources for testing for their school community.

COVID-19 IN THE SCHOOLS

If a close household contact of a staff member or student tests positive for COVID-19 should the staff member or student be excluded from school?

Any person identified as a close household contact to a family member diagnosed with COVID-19 needs to [self-quarantine](#) for 14 days from their last contact to the person while they are considered infectious. They will also be contacted by a public health professional from the NH DHHS to be advised of their need to self-quarantine

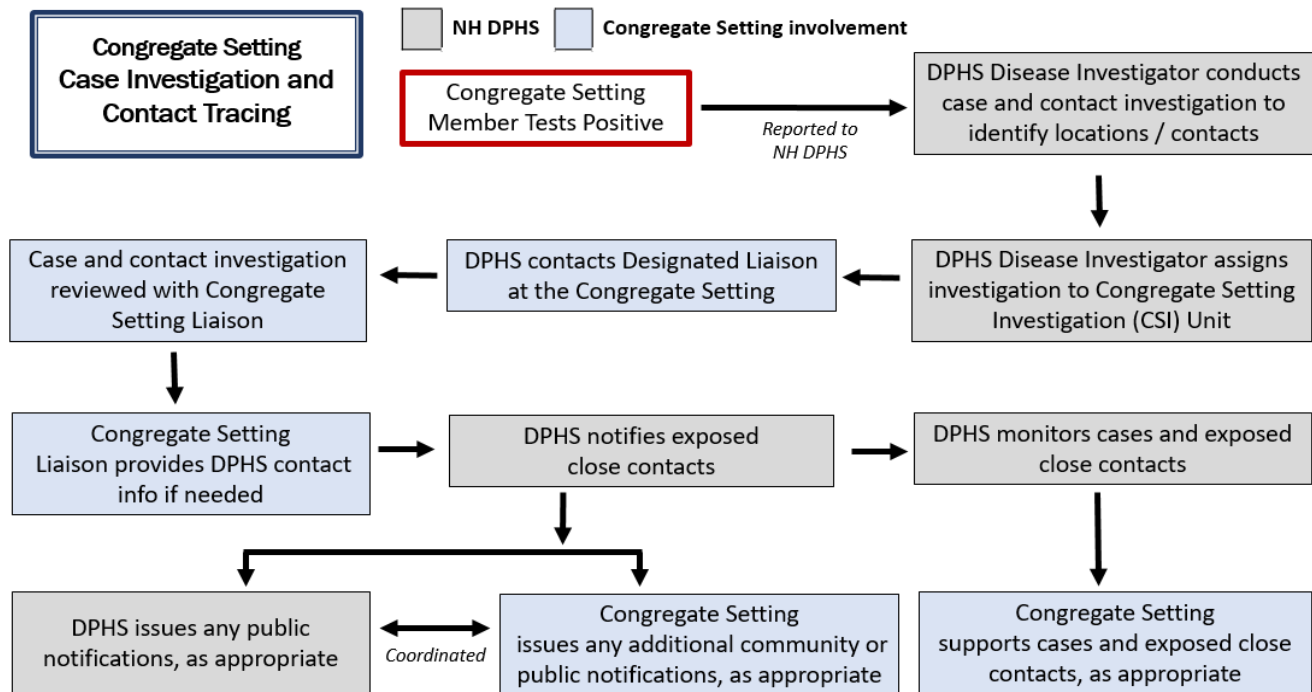
Will we be contacted by NH DHHS for any COVID-19 positive case in our school?

If a student, educator or staff member was in the school building when they were infectious, the school will be contacted. A NH DHHS public health professional will reach out to the primary point of contact identified by the school.

If a staff member or student, who was not in the school while infectious, tests COVID-19 positive, NH DHHS will not necessarily notify the school unless NH DHHS requires assistance from the school to conduct contact tracing and notification.

If a staff member or student tests positive, what should happen next?

The school should reach out to a public health by calling 603-271-4496 or 603-271-5300 (after hours). Below is an overview of how Case Investigation and Contact Tracing in Congregate Settings, such as schools, is conducted:



What will be the school's role in COVID-19 contact tracing?

Schools should work collaboratively with public health by:

1. Being proactive in contacting NH DHHS when a person is confirmed with COVID-19 in your school community.
2. Assist in identifying those who had close contacts (within 6 feet for 10 minutes or more) with the person confirmed with COVID-19. This might include sharing seating charts, attendance records and bus rosters.
3. Assist in providing contact information for those identified as close contacts (including name, date of birth and phone number of parents/guardians).
4. Communicate with your school community. NH DHHS will assist you in the development of these communications.

What is considered "close contact"?


A person is considered a "close contact" to a person with COVID-19 if they were within 6 feet of the infected person for at least 10 minutes or longer. The 10 minutes of contact can be at one time or cumulative over the course of the day. NH DHHS can assist with determining who is considered a close contact.

At what point should schools close for in-person learning?

The decision to close schools for in-person learning should be made together by local and state officials – including school administrators and public health – in a manner that is transparent for students, staff, parents, caregivers and guardians, and all community members. The decision to close schools for in-person learning should take into account a number of factors, such as:

1. The importance of in-person education to the social, emotional, and academic well-being of students
2. The level of community transmission
3. Whether cases have been identified among students and staff

4. Protective measures in place at the school

NH DHHS recommends that schools use the following document to identify the least restrictive method of instruction: [Considerations for Transitioning Between School Instructional Models Based on Level of Community COVID-19 Transmission and Impact on Local Schools](#)  (September 1, 2020)

Where can we find state and community transmission data in relation to COVID-19 cases?

This information can be found on the new COVID-19 School Interactive Dashboard on the [website](#).

RESIDENTIAL, COLLEGE and UNIVERSITY GUIDANCE

Should we cancel international study abroad programs?

Given the global pandemic of COVID-19 it is recommended that schools postpone or cancel upcoming student international travel programs. The CDC has issued a [Level 3 Travel Health Advisory](#) recommending that people avoid all nonessential travel to most international locations. Those overseeing student international travel programs should also be aware that students may face unpredictable circumstances, travel restrictions, challenges in returning home or accessing health care while abroad.

Are parents from outside New England (NH, VT, ME, MA, RI, CT) allowed to move their student onto a NH campus?

NH DHHS does not have a recommendation against allowing people from outside of New England move students onto a NH campus. Therefore, this is a school policy decision, but if you elect to have parents/guardians move their child onto campus, they should:

- Wear a cloth face covering or face mask.
- Maintain 6 foot physical distancing when in public settings and near people that are not immediate family.
- Perform frequent proper hand hygiene.
- Stay home if they have any symptoms of COVID-19.

If a person is staying over in NH, then they must follow:

1. [NH Lodging Guidance](#)
2. [NH Travel and Quarantine Guidance](#)

Will NH DHHS get test results for out-of-state students attending college in New Hampshire?

Yes. An individual who has come to live in NH for the school year and is tested in NH, will be reflected as a case associated with the NH town in which their school is located. To ensure NH DHHS is able to quickly respond to clusters of illness it is important that out-of-state students who are attending school in NH use their NH school address when getting tested for COVID-19. If their out-of-state, home address is used, there will be a delay in NH DHHS receiving the test result(s), which may result in a delay in critical public health response. Schools are encouraged to reach out to NH DHHS once they become aware of any positive case on their campus by completing a [NH COVID-19 Case Report Form](#). You may also call 603-271-4496 or 603-271-5300 (after hours) and ask for the public health professional on call.

QUARANTINE and ISOLATION GUIDANCE

What does it mean to quarantine?

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others during the period of time between exposure and when COVID-19 might develop. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in [self-quarantine](#) should:

1. Stay home

2. Separate themselves from others
3. Monitor their health
4. Follow directions from NH DHHS

What does it mean to isolate?

Isolation is used to separate people with suspected or confirmed COVID-19 from others who are not infected. People who are in [self-isolation](#) should:

1. Stay home
2. Separate themselves from others in the home by staying in a specific “sick room” or area and using a separate bathroom (if available)
3. Monitor their health
4. Follow directions from the NH DHHS.

When can a staff member or student return to school after being diagnosed with COVID-19?

Any person diagnosed with COVID-19 can end their isolation and return to school when they have met CDC’s [criteria for ending home isolation](#), which requires a person with mild to moderate illness, who is not severely immunocompromised, to meet all of the follow criteria:

1. At least 10 days have passed since symptoms first began
2. At least 24 hours have passed with resolution of fever off any fever-reducing medications
3. Other symptoms have improved

Persons diagnosed with COVID-19 who never develop COVID-19 symptoms (asymptomatic infection) may discontinue isolation after 10 days from the date of their first positive test.

If a staff member or student is excluded from school due to symptoms of COVID-19, but they have not been tested for COVID-19, when can they return to school?

Any person with new or unexplained symptoms of COVID-19 should be excluded from school, and instructed to isolate at home and contact their primary care provider for COVID-19 testing. Symptomatic students or staff can be allowed to return to school when one of the following two conditions is met:

1. Person receives an approved COVID-19 test that is negative, **AND** the person’s symptoms are improving and they are fever-free for at least 24 hours off any fever-reducing medications. Approved tests include:
 - A PCR-based molecular test
 - Quidel Sofia antigen testing is conducted within 5 days of symptom onset
2. Person has met CDC [criteria for ending of home isolation](#) (i.e., if person is not tested, they are managed assuming they have COVID-19).

Can a staff member or student with confirmed COVID-19 get a doctor’s note to return to school before their isolation period ends?

No. NH DHHS is the only entity with the authority to release an individual from quarantine or isolation.

When a student has symptoms that may be COVID-19, should their sibling(s) be sent home and attend school remotely until the sick student has tested negative?

Management of Household Contacts (HHCs) of Persons with New and Unexplained Symptoms of COVID-19, Based on the Symptomatic Person's COVID-19 Risk Factors and Testing Status:

Risk Factor?*	Viral Testing Pending? †	Action:
Present	Yes	<ul style="list-style-type: none">• Symptomatic person isolates pending test result.• HHCs quarantine pending test results.
	No	<ul style="list-style-type: none">• Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation.• HHCs quarantine for 14 days from last day of exposure.
Absent	Yes	<ul style="list-style-type: none">• Symptomatic person isolates pending test result.• HHCs can remain in school/work as long as they remain asymptomatic, but if test is positive then quarantine.
	No	<ul style="list-style-type: none">• Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation.• HHCs can remain in school/work as long as they remain asymptomatic.

* Risk Factors for COVID-19 exposure include close contact to a person with COVID-19, travel outside of the New England area, or other high-risk activities as identified by an employer or public health in the 14 days before symptom onset.

† Appropriate COVID-19 viral testing includes molecular- (i.e., PCR) or antigen-based tests (antigen tests must be conducted within an appropriate time frame after symptom onset, as specified in manufacturer instructions). Antibody tests are not appropriate for diagnosing active infection.

Are there any NH DHHS documents that we can send home with students, staff or parents to explain isolation and quarantine?

Yes, the following documents are available for reference and distribution:

- [What is isolation, quarantine and self-observation?](#)
- [Self-Quarantine Guidance](#)
- [Self-Isolation Guidance](#)
- [NH DHHS COVID-19 Frequently Asked Questions](#)

MASKS

What is the recommendation on cloth masks in schools?

[Cloth face coverings](#) are intended to prevent the person wearing the cloth face covering from spreading the COVID-19 virus to other people in the event the person is unknowingly infected. Cloth face coverings are not primarily intended to be used as personal protective equipment (PPE).

Review the NH [Grades K-12 Back-to-School Guidance](#) for specific recommendations on cloth face mask use in schools. In general students and staff should wear cloth face coverings in circumstances where physical distancing cannot be maintained and in circumstances where students and staff are at increased risk of coming into close contact with others (e.g., transiting through hallways). Ultimately, the decision on how to implement cloth face covering use is left to the discretion of local school districts, but cloth face covers should be considered in the context of other layers of protection and ability to social distance. If at least 6 feet of physical separate is unable to be consistently maintained in the classroom setting, then cloth face coverings should be considered where feasible.

Are there people who should NOT be required to wear cloth face coverings?

See CDC guidance on [use of cloth face coverings/masks](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html). The CDC states that masks should not be worn by children under the age of 2; or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. However, even people with underlying respiratory conditions, such as asthma, are usually able to tolerate cloth face covering/mask use.

What is the appropriate way to teach students to take off their masks?

1. Wash hands or use alcohol based hand sanitizer.
2. Grasp the ear loops and pull forward over your ears to remove.
3. Do not touch your eyes, nose and mouth when removing.
4. Fold the cloth face covering so that the area facing outward is folded over itself.
5. Store cloth face covering properly in a container or paper bag for later reuse (if temporarily removed for a mask break, eating, etc.), or for laundering (for re-usable cloth face coverings).
6. Immediately wash your hands or use alcohol based hand sanitizer after removing mask.



For additional masks guidance visit:

1. How to Wear Masks <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

How should masks be stored while at school?

Cloth face coverings should be stored in a space designated for each student when not being worn (e.g., in individually labeled containers or plastic bags, personal lockers, or cubbies). Students' cloth face coverings should be clearly identified with their names or initials, to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.

If a student in a classroom tests positive, does the wearing of a cloth face covering mask prevent the classroom from being quarantined?

No. Wearing of a cloth face covering or mask does not exclude those who are close contacts to a person with confirmed COVID-19 from being quarantined, but cloth face coverings are important to limit the spread of COVID-19 from a person infected to others.

Are masks with exhale valves acceptable for students and staff to wear?

No. Masks with exhale valves are NOT appropriate for "source control" because they release a person's droplets into the air through the exhale valve.

Can an educator wear a face shield or hooded wrap instead of a cloth face covering/mask?

In general, no. A clear face shield is eye protection for the person wearing the face shield and not intended as source control to prevent spread of a person's respiratory droplets to others. NH DHHS recommends educators wear cloth face coverings/masks and if the educator is more than 6 feet away from others and needs to remove their mask, they may temporarily remove and store their cloth face covering/mask.

In certain circumstances, face shields can be used to supplement cloth face coverings use, especially if an educator is within 6 feet of a student and the student has difficulty controlling respiratory secretions. In this situation the educator can utilize a face shield as eye/face protection (i.e., the face shield is being used as PPE).

Here are some considerations for individuals who must wear a face shield instead of a mask:

- Although evidence on face shields is limited, the available data suggest that the following face shields may provide better source control than others.
 - Face shields that wrap around the sides of the wearer's face and extend below the chin.
 - Hooded face shields.
 - Face shield wearers should wash their hands before and after removing the face shield and avoid touching their eyes, nose and mouth when removing it.
 - Reusable face shields should be cleaned and disinfected after each use according to manufacturer instructions or by following [CDC face shield cleaning instructions](#).
 - **Plastic face shields for newborns and infants are NOT recommended.**

For additional information on masks visit: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear/cloth-face-coverings.html>

When masks become a challenge or distraction or students just need a break, can students take them off?

Yes, when students are able to maintain at least 6 feet distance between themselves and others the masks may be removed and properly stored. Students and staff who are required to wear cloth face coverings for prolonged periods of time should be given time for periodic mask breaks. For additional mask guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

Who will provide masks to educators, staff and students?

Cloth face masks may be provided by parents/guardians for students. These are also easy to make at home and instructions can be found [here](#). Schools may choose to provide cloth face coverings to students and staff. Schools should have disposable face masks available if students or staff arrive without one to wear.

HEALTH CARE IN SCHOOLS

Where can school health staff stay up to date on current NH DHHS and CDC PPE recommendations?

Health staff are encouraged to sign up for the NH [Health Alert Network \(HAN\)](#). If you are not signed up for the HAN, visit the [Health Alert Network](#) documents posted on the DHHS website. And check the [CDC PPE webpage](#) often.

What if a student must receive an [aerosol generating procedure](#) while at school?

We recommend avoiding aerosol generating procedures to the extent possible. If a student needs a breathing/nebulizer treatment, for example, see if an albuterol metered dose inhaler (MDI) with a spacer can be used instead of a nebulizer. If an aerosol generating procedure must be performed on a student at school, even for an existing chronic condition (e.g., asthma), we recommend the nurse wear full PPE to be maximally protective, including using an N95 or higher level of respiratory protection, eye protection, gown, and gloves. When the aerosol generating procedure has been performed, the room must be cleaned and disinfected after use.

School nurses should be aware that this NH State guidance deviates from [CDC recommendations](#) on PPE use when nebulizers and "breathing treatments" are performed for people with asthma, which specifies that if a nebulizer treatment is necessary at school, that appropriate PPE would include a medical or surgical face mask, gloves, and eye protection. Therefore, there is some flexibility for nursing staff that may not be fit tested for an N95 respirator or for those who do not have access to N95 respirators.

Should school nurses consider delivering student medications to the classroom to keep "healthy kids" out of the health office?

Yes, this is consistent with our guidance to minimize the movement of students throughout the school. However, make all reasonable efforts to maintain student health confidentiality.

What is your position about giving medications (i.e., analgesics) at school during the pandemic?

We suggest you encourage parents/guardians and older children to consider alternative ways to schedule their medications to be taken at home, whenever possible.

How do I manage a staff member or student who develops symptoms of COVID-19 during the school day?

NH DHHS recommends that any person with even mild symptoms be excluded from school and tested for COVID-19.

When evaluating a symptomatic person:

1. Mask the symptomatic person (be sure mask is properly covering the nose and mouth).
2. Place the symptomatic person in a private room with the door closed if safe to do so (at a minimum they should be separated from others).
3. Record the symptomatic person's temperature.
4. Perform a brief assessment of the person's complaints or symptoms. Keep any assessment brief and stay at least 6 feet away to the extent possible.
5. If in the same room as the symptomatic person, the nurse should wear:
 - a. A surgical face mask at all times.
 - b. Eye protection (goggles or face shield) if the nurse is within feet of the person, OR if the symptomatic person is unable to wear a face mask (even if more than 6 feet away).
 - c. If prolonged close contact is anticipated (within 6 feet of the person for 10 total minutes or more), or if there is contact with the person's secretions/excretions, then wear all appropriate PPE recommended below, including surgical face mask, eye protection, gown, and gloves.
6. The symptomatic person should go home by private transportation.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

What PPE is recommended for a school health professional evaluating a person with symptoms of COVID-19? See the NH DHHS Health Alert Network (HAN) messages (specifically [HAN Update #18](#)) for most updated recommendations on COVID-19 PPE for healthcare providers. For outpatient evaluation of persons with symptoms of COVID-19, NH DHHS generally recommends baseline PPE consisting of a surgical face mask, eye protection, gown, and gloves). An N95 respirator can be considered instead of a surgical face mask if the person has significant frequent symptoms that may increase the risk of aerosolizing respiratory droplets (e.g., sneezing, coughing). If an aerosol generating procedure is being performed than an N95 or higher level respirator should be used in place of a surgical face mask.

Who should wear personal protective equipment (PPE)?

Some roles that may require certain elements of PPE include:

1. School nursing and healthcare staff caring for students and staff.
2. Educators working with special education students who may have difficulty controlling oral and respiratory secretions or who exhibit behaviors that put educators at risk of exposure (e.g., biting, spitting, etc.).
3. Health employees engaged in symptom and risk factor screening.
4. Staff responsible for deep cleaning and disinfecting of the school facility and grounds.

There are a variety of new types of N95 masks available, how do we know if these options are a good product and acceptable to use?

We continue to encourage cloth masks for source control and N95 masks when needed to be used as PPE for specific situations. The National Institute for Occupational Safety and Health (NIOSH) at CDC offers the following website that lists approved N95 respirators: https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/n95list1.html.

Does NH DHHS provide fit testing for N95 respirators?

No. If fit testing for N95 respirators is needed, schools should look to what occupational medicine resources are offered locally.

Are there state resources for obtaining PPE donations?

The NH Department of Education in collaboration with the NH Department of Administrative Services is providing schools the opportunity to utilize State contracts for purchasing PPE that may be needed for the upcoming school year. The State has negotiated and established contracts and Blanket Purchase Orders (POs) for these purposes. Schools may purchase PPE through the State contract by using these POs. Public schools may be able to utilize CARES Act and ESSER funding for these PPE purchases. Nonpublic/private schools should contact the vendors and discuss/confirm that they will honor and pass along the state pricing to them.

K-12 public schools are encouraged to consolidate orders by district to maximize aggregate volume. Provisions should be in place to ensure timely planning and execution for PPE replenishment. It is recommended that reordering occur a minimum of 30-days prior to anticipate depletion of on-hand inventory. Some vendors will be able to provide products before the start of school, while others may not, so please consider delivery times before making purchasing decisions.

The link below is live and updated regularly to accurately reflect the availability of products. Click on the contract number for detailed information on the products listed. School PPE Guidance:

https://prd.blogs.nh.gov/dos/hsem/?page_id=9445

CLEANING AND DISINFECTING

How do I clean and/or disinfect in a school setting?

CDC provides guidance for [cleaning and disinfection for community facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) such as schools, institutions of higher education, offices, daycare centers, businesses, and community centers. All frequently touched surfaces, or hard surfaces that may be contaminated through touching or respiratory droplets (e.g., barrier shields in close proximity to children, doorknobs, computer key boards, desktops, stairway railings, etc.) need to be routinely cleaned and disinfected per established guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

How do I disinfect electronics such as tablets, touch screens, remote controls, and ATM machines?

The CDC guidance linked above has recommendations for cleaning and disinfecting electronics:

- If present, remove any visible contaminants.
- Follow the manufacturer's instructions and recommendations for all cleaning and disinfection products.
- Consider using covers for electronics that can be easily wiped clean.
- If no manufacturer guidelines are available, consider using alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Be sure to dry surfaces thoroughly to avoid pooling of liquids as this could damage electronics, screens, etc.

What is the recommendation for increasing building/classroom ventilation and air filtration?

1. Check the buildings ventilation system to increase air exchanges with outdoor air, and maximize air filtration.
2. Open windows and doors to enhance fresh air circulation when safe to do so.
3. Fan use that simply circulates internal air should be avoided. Any fan use should be to facilitate bringing in outdoor air (e.g., through an open window).
4. Encourage use of outdoor spaces, where possible.

The World Health Organization has additional helpful [guidance on ventilation and air conditioning](#) in public spaces and buildings.

CLASSROOM GUIDANCE

Where can I find guidance for talking to students about COVID-19?

Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has [created guidance to help adults have conversations with children about COVID](#) and ways they can avoid getting and spreading the disease.

Should we discontinue allowing household pets, such as dogs, from visiting the school?

Yes. Unnecessary animals (i.e., non-service animals) should remain home and not be allowed in schools. Please see CDC guidance related to service/therapy animals: <https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html>.

Can I use a fan in my classroom?

Yes. The fan should be placed in an open window to increase ventilation of outdoor air (bringing in outdoor air) while avoiding blowing air across students and minimizing recirculation of indoor air.

Can students work in group settings for activities?

Classroom activities should be conducted to minimize close contact and avoid groups whenever possible.

How should I arrange my classroom?

Classrooms should be arranged to minimize close contact and maximize physical distance between students. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

Can students share supplies in the classroom?

It is strongly recommended that classroom supplies not be shared. If classrooms supplies must be shared proper disinfecting should take place between uses. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#). And the CDC website for [best cleaning and disinfection practices](#).

What are the thoughts on the use of Plexiglas to create barriers between students?

In areas where it is difficult for individuals to remain at least 6 feet apart schools can consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Plexiglas barriers might be considered if they can be arranged in a safe and sturdy way.

What are the fire safety recommendations around Plexiglas in the classroom?

According to the NH State Fire Marshal's Office guidance, Plexiglas partition height should not exceed 60" in classrooms. For further clarification and assistance, please contact the NH State Fire Marshal's Office 603-223-4289.

Can a child have a mask break if seated within 3 feet of each other but divided by a cardboard barrier?

No. Cardboard is not easily cleaned and not favored as a barrier between students seated less than 6 feet apart. Mask breaks should occur when students are spaced at least 6 feet apart. Outdoor mask breaks are also preferred.

Is it safe for students to turn in daily paper journals and classwork to teachers? Is this ok with good handwashing?

Yes. This virus does not survive well outside the human body respiratory tract. There is no need to "quarantine" journals or classwork, but students and teachers should practice frequent hand hygiene both before and after handling assignments. Adding in frequent hand hygiene is an appropriate new normal for many of our daily tasks that provides additional protection.

The librarian travels from classroom to classroom with a small selection of books. Can students check out books to keep for a week? Do all returned books undergo quarantine for 72 hours?

Students can/should be able to check out books from the library; access to books is important for students. Mask wearing and social distancing should occur while selecting books and students should practice hand hygiene before/after handling books. Upon return, books do not need to be quarantined for 72 hours, and we recommend simply promoting good hand hygiene before/after handling shared items like books. For additional information, see the [NH Library Guidance](#).

Can students use hallway lockers?

Yes. Schools should consider how the lockers are assigned and spaced to prevent crowding and congregating. For additional guidance please refer to the [NH Grade K-12 Back-to-School Guidance](#).

NH DHHS, DIVISION OF PUBLIC HEALTH SERVICES (DPHS) RESPONSE

We care deeply about the health and wellbeing of the people of NH. We are committed to sharing accurate information with the public to ensure the optimal health and wellbeing of all NH residents while also ensuring we uphold the highest privacy standards for individual patients. As an organization we rely on the best available science and evidence-based practices. In rapidly evolving situations such as this we will provide updated information as it becomes available.

NH DHHS has been working closely with the CDC since the first case of COVID-19 was detected in the United States. We are working very closely with our healthcare and public health partners. Visit our website for our full [case investigation and contact tracing plan](#).

In outbreaks such as this, public health recommendations may change. We encourage you to check these key resources frequently for updates:

- [U.S. Centers for Disease Control and Prevention \(CDC\)](#)
- [NH Department of Health and Human Services \(NH DHHS\)](#)
- [NH DHHS Novel Coronavirus 2019 \(COVID-19\) Frequently Asked Questions \(FAQ\)](#)
- [NH DHHS Novel Coronavirus 2019 \(COVID-19\) Provider Frequently Asked Questions \(FAQ\)](#)
- [NH DHHS Coronavirus Disease 2019 \(COVID-19\) School Toolkit](#)
- [NH DHHS Recommendations for Responding to COVID-19 in K-12 Schools](#)
- [NH DHHS Recommendations for Responding to COVID-19 in Residential Schools, Colleges and Universities](#)
- [NH DHHS Considerations for Transitioning Between School Instructional Models](#)

KEY CONTACTS AND RESOURCES

Topic/Inquiry	Contact	Phone/Email
<ul style="list-style-type: none">General Informationwww.nh.gov/covid19	2-1-1 New Hampshire	1-866-444-4211 TTY: 603-634-3388
<ul style="list-style-type: none">NH Resources for Families: How to access resources, links and services to strengthen families	NH Division for Children, Youth and Families	NH COVID-19 Parent Resource Guide
<ul style="list-style-type: none">Clinical Questions and Reporting a positive case of COVID-19	Division of Public Health Services Bureau of Infectious Disease Control	603-271-4496
<ul style="list-style-type: none">Media InquiriesRequests for Media Support	State of NH Joint Information Center	603-223-6169 JIC@dos.nh.gov
<ul style="list-style-type: none">Questions regarding preventing COVID-19 in educational settings	Sheryl Nielsen, M.Ed. NH DPHS Education Liaison	603-271-6996 Sheryl.Nielsen@dhhs.nh.gov